## PART B -FEE(S) TRANSMITTAL

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for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying Nutter McClennen & Fish LLP papers. Each additional paper, such as an assignment or formal drawing, must World Trade Center West have its own certificate of mailing or transmission. 155 Seaport Boulevard Certificate of Electronic Transmission I hereby certify that this Fee(s) Transmittal is being transmitted via the Office Boston, MA 02210-2604 Electronic filing system on the date indicated below. Charlton Shen (Depositor's name (Siem December 21 , 2009 (D) APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/709.122 04/14/2004 Richard Roy Anderson 22727-110 TITLE OF INVENTION: METHODS AND DEVICES FOR EPITHELIAL PROTECTION DURING PHOTODYNAMIC THERAPY APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE Non-Provisional YES \$755 \$300.00 \$1.055.00 12/23/2009 EXAMINER ARTUNIT CLASS-SUBCLASS Luke E. Karpinski 1616 514-410000 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list Address" (37 CFR 1.363). (1) the names of up to 3 registered patent 1 Nutter McClennen & Fish LLP attomeys or agents OR, alternatively, Change of correspondence address (or Change of (2) the name of a single firm (having as a member Correspondence Address form PTO/SB/122) attached. a registered attorney or agent) and the names of "Fee Address" indication (or "Fee Address" Indication up to 2 registered patent attorneys or agents. If no form PTO/SB/47; Rev 03-02 or more recent) attached. name is listed, no name will be printed. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE The General Hospital Corporation d/b/a Massachusetts General Boston, Massachusetts Hospital Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s) x Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Authorization via EFS Web.. x Publication Fee (No small entity discount permitted) Advance Order -# of Copies The Director is hereby authorized to charge any add'tl, fee(s), or credit any overpayment, to Deposit Account Number 141449 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. (Request to Remove Small Entity Status and Payment of Deficiency Owed previously filed July 12, 2007) The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. December 21 Authorized Signature , 2009 Typed or printed name Charlton Shen Registration No. 54,442